

# Newborn Screening (Blood-spot) Patient Education Materials ORDER FORM

**Please complete and fax to Nebraska Newborn Screening Program at 402-471-1863**

(PRINT CLEARLY)

Facility/clinic name \_\_\_\_\_

Shipping Address \_\_\_\_\_

Street address

City

ZIP Code

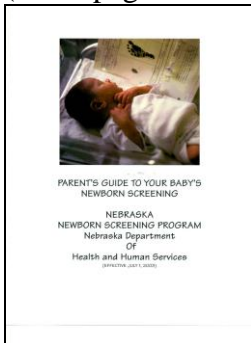
Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

FAX# \_\_\_\_\_

E-Mail \_\_\_\_\_

## “Parent’s Guide to Your Baby’s Newborn Screening” (multi-page brochure/booklet – Required in Statute)



### Quantity

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ French

\_\_\_\_\_ Chinese

### Quantity

\_\_\_\_\_ Arabic

\_\_\_\_\_ Russian

\_\_\_\_\_ Nuer (*Sudanese*)

\_\_\_\_\_ Dinka (*Sudanese*)

\_\_\_\_\_ Anuak (*Sudanese*)

## “What is Newborn Screening” (one page information sheet)



### Quantity

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

## “Early Discharge And Your Baby’s Newborn Screen” (tri-fold brochure)



### Quantity

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

Please contact the Nebraska Newborn Screening Program at 402-471-9731 or [newborn.screening@dhhs.ne.gov](mailto:newborn.screening@dhhs.ne.gov) with questions

**FAX to (402) 471-1863**